

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

01-007

2. STATE:

MAINE

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE(S)

4/1/01

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (CHECK ONE):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 0 \$
b. FFY 0 \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
ATT. TO ATT 3.1 A, P. 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): ATT. TO ATT 3.1 A, P. 3

10. SUBJECT OF AMENDMENT:
ADD PAIN MANAGEMENT SERVICES

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED
COMMISSIONER, DEPT. OF HUMAN SERVICES

SIGNATURE OF STATE AGENCY OFFICIAL:

Kevin W. Concannon

13. TYPED NAME:

Kevin W. Concannon

14. TITLE:

Commissioner, Maine Department of Human Services

15. DATE SUBMITTED:

20 June 2001

16. RETURN TO:

EUGENE GESSOW
Director, Bureau of Medical Services
#11 State House Station
TOGUS CAMPUS.
Augusta, ME 04333-0011

FOR REGIONAL USE (RETIRE)

18. RECEIVING OFFICE APPROVAL (DATE/TIME)

19. RECEIVING OFFICE APPROVAL (DATE/TIME)

20. RECEIVING OFFICE APPROVAL (DATE/TIME)

21. TYPED NAME

22. TYPED NAME

23. REMARKS

State: Maine

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

Item 6b - Optometrists' Services

Limited to one pair of eyeglasses when the power is equal to or greater than 10.00 diopters. Individuals covered under EPSDT are eligible to receive other services subject to the following limitation: examination and eyeglasses may only be provided for more than minor refractive error. The volume purchase of eyeglasses limited the selection of frames and lenses to a basic assortment from one supplier.

Item 6c - Chiropractor's Services

Limited to treatment by means of manual manipulation of the spine.

Item 6d - Other Practitioners' Services:

Psychologists

OFFICIAL

Psychologist services are limited to those provided by a licensed psychologist. Staff operating under the direction of a licensed psychologist may be reimbursed for neuropsychological testing when performed by appropriately educated and/or trained staff.

Limited to evaluation, individual or group psychotherapy, psychometric testing, pain management services for approved programs and collateral contacts. Limited to two hours per week for individual psychotherapy unless emergency treatment is required and in then limited to eight visits per emergency. Limited to ninety minutes per week for group therapy with exceptions of patients in an inpatient psychiatric facility or individuals in groups for trauma treatment. Psychometric testing is limited to a total of four hours except for the Halstead-Reitan Battery (seven hours) Intellectual Level (two hours) and self administered tests (thirty minutes).

Psychological Examiners

Limited to psychometric testing of four hours except for the Halstead-Reitan Battery (seven hours) Intellectual Level (two hours) and self administered tests (thirty minutes), and intervention services defined as consultation, behavior management and social skills training.

Licensed Clinical Social Workers and Licensed Clinical Professional Counselors

Services covered for children up to age 21.

Advanced Practice Nurses other than nurse midwives and certified family and pediatric NPs

No limits

TN No. 01-007

Supersedes

Approval Date: 7/31/01

Effective Date: 4/1/01

TN No. 00-004